

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 673922	RECEIPT DATE:	10 / 20 / 00
IA NUMBER:	PCT/ US99 / 08870	IA FILING DATE:	04 / 22 / 99
FAMILY NAME:	ALLAIRE ETAL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:		DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 22 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	39573.830003	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: PATRICK MCBRIDE
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CITY: DENVER
STATE/COUNTRY: CO ZIP: 802013979
EMAIL:
APPLICATION TITLES:

IMPLANTABLE CENTRTIFUGAL BLOOD PUMP WITH HYBRID MAGNETIC BERARINGS

TAB TO LAST POSITION,PUSH SEND